

04-13-01

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PTO/SB/05 (12/97)

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

 For new nonprovisional applications under  
37 CFR 1.53(b)

Attorney Docket No. X-10822A

First Named Inventor or Application Identifier

Suad Efendic

Express Mail Label No.

EL018701613US

**Application Elements**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 202311. ☒ Fee Transmittal Form (Submit an original, and a duplicate for fee processing)6. ☐ Microfiche Computer Program (Appendix)2. ☒ Specification [Total 28]  
(preferred arrangement Pages)

7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

- Descriptive title of the invention

a. ☒ Computer Readable Copy

- Cross References to Related Applications

b. ☒ Paper Copy (identical to computer copy)

- Statement Regarding Fed sponsored R &amp; D

c. ☒ Statement verifying identity of above copies

- Reference to Microfiche Appendix

- Background of the invention

- Brief Summary of the invention

- Brief Description of the Drawings (if filed)

- Detailed Description

- Claims

Abstract of the Disclosure

3. ☒ Drawing(s) (35 USC 113) [Total 2] Sheets4. ☐ Oath or Declaration [Total 1] Pagesa. ☐ Newly executed (original or copy)b. ☒ Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]i. ☐ DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).☒ Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.**ACCOMPANYING APPLICATION PARTS**8. ☐ Assignment Papers (cover sheet & document(s))9. ☐ 37 CFR 3.73(b) Statement of Power of Attorney (when there is an assignee)10. ☐ English Translation Document (if applicable)11. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations12. ☒ Preliminary Amendment13. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)14. ☐ Small Entity Statement filed in prior application, Status still proper and desired15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)16. ☐ Other: XXX

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. 08/915,918**18. CORRESPONDENCE ADDRESS**

Customer Number or Bar Code Label

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Correspondence address below

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Date of Deposit April 12, 2001

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| FEE TRANSMITTAL   |                 | Complete if Known                  |                 |  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
|---|-----------------|------------------------------------|-----------------|--|-----------------|-----------------|----------|-----|-----|-----|-----|--------------------|---|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--------------------|--|-----|-----|-----|----|------------------------|--|---|--|----------------|-----------------|----------------|-----------------|-----------------|----------|-----|-----|-----|----|-----------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---------------------------|--|-----|-------|-----|-------|--|--|-----|------|-----|------|--|--|-----|--------|-----|--------|---|--|-----|-----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|--------------------------------|--|-----|-------|-----|-----|----------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|--|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|--|--|---------------------|--|--|--|---------------------|--|--|--|-----------------------------------|--|---------------------|--|---------------------|--|------------|--|------|--|---------------------|--|---------------------------------|--|---|--|---------------------|--|-----------------------------------|--|----------------------|--|--|--|--|--|---------------------------------|--|--|--|--|--|--|--|--------------|--|---------------------|--|--------------|--|-----------|--|
| <p>Note: Effective November 10, 1997.<br/>Patent fees are subject to annual revision.</p> <p><b>TOTAL AMOUNT OF PAYMENT</b> (\$870.00)</p> <p><b>METHOD OF PAYMENT</b> (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:<br/>Deposit Account Number: 05-0840<br/>Deposit Account Name: Eli Lilly and Company</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance</p> <p>2. <input type="checkbox"/> Payment Enclosed:<br/><input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>     |                 | <b>Application Number</b>          |                 |  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
|   |                 | <b>Filing Date</b>                 |                 |  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
|   |                 | <b>First Named Inventor</b>        | Suad Efendic    |  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
|   |                 | <b>Group Art Unit</b>              | 1647            |  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
|   |                 | <b>Examiner Name</b>               |                 |  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
|   |                 | <b>Attorney Docket Number</b>      | X-10822A        |  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| <b>FEE CALCULATION</b>  |                 | <b>FEE CALCULATION (continued)</b> |                 |  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| <p><b>1. FILING FEE</b></p> <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>Large Fee Code</th><th>Entity Fee (\$)</th><th>Small Fee Code</th><th>Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td>X</td></tr><tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr></tbody></table> <p><b>SUBTOTAL (1)</b> (\$710.00)</p> |                 | Large Fee Code                     | Entity Fee (\$) | Small Fee Code   | Entity Fee (\$) | Fee Description | Fee Paid | 101 | 710 | 201 | 355 | Utility filing fee | X | 106 | 320 | 206 | 160 | Design filing fee |  | 107 | 490 | 207 | 245 | Plant filing fee |  | 108 | 710 | 208 | 355 | Reissue filing fee |  | 114 | 150 | 214 | 75 | Provisional filing fee |  | <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>Large Fee Code</th><th>Entity Fee (\$)</th><th>Small Fee Code</th><th>Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge-late filing fee or oath</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge-late provisional filing fee or cover sheet.</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr><tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr><tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr><tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr><tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive-unavoidable</td><td></td></tr><tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive-unintentional</td><td></td></tr><tr><td>142</td><td>1,210</td><td>242</td><td>605</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>143</td><td>430</td><td>243</td><td>215</td><td>Design Issue Fee</td><td></td></tr><tr><td>144</td><td>580</td><td>244</td><td>290</td><td>Plant Issue Fee</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr><tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of Information Disclosure Stmt.</td><td></td></tr><tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr><tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr><tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="2"></td><td colspan="2">Other fee (specify)</td></tr><tr><td colspan="2"></td><td colspan="2">Other fee (specify)</td></tr><tr><td colspan="2"></td><td colspan="2">*Reduced by Basic Filing Fee Paid</td></tr><tr><td colspan="2" style="text-align: right;"><b>SUBTOTAL (2)</b></td><td colspan="2" style="text-align: right;"><b>SUBTOTAL (3)</b></td></tr><tr><td colspan="2" style="text-align: right;">(\$160.00)</td><td colspan="2" style="text-align: right;">(\$)</td></tr><tr><td colspan="2" style="text-align: center;"><b>SUBMITTED BY</b></td><td colspan="2" style="text-align: center;"><b>Complete (if applicable)</b></td></tr><tr><td colspan="2">Typed or Printed Name: Mark J. Stewart, Ph.D.</td><td colspan="2">Reg. Number: 43,936</td></tr><tr><td colspan="2">Signature: <i>Mark J. Stewart</i></td><td colspan="2">Date: April 12, 2001</td></tr><tr><td colspan="2">"Express Mail" mailing label number: EL018701613US</td><td colspan="2"></td></tr><tr><td colspan="2">Date of Deposit: April 12, 2001</td><td colspan="2"></td></tr><tr><td colspan="4">I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Assistant Commissioner of Patents, Washington, D.C. 20231.</td></tr><tr><td colspan="2">Queen Thomas</td><td colspan="2"><i>Queen Thomas</i></td></tr><tr><td colspan="2">Printed Name</td><td colspan="2">Signature</td></tr></tbody></table> |  | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | 65 | Surcharge-late filing fee or oath |  | 127 | 50 | 227 | 25 | Surcharge-late provisional filing fee or cover sheet. |  | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination |  | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 390 | 216 | 195 | Extension for reply within second month |  | 117 | 890 | 217 | 445 | Extension for reply within third month |  | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month |  | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month |  | 119 | 310 | 219 | 155 | Notice of Appeal |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive-unavoidable |  | 141 | 1,240 | 241 | 620 | Petition to revive-unintentional |  | 142 | 1,210 | 242 | 605 | Utility issue fee (or reissue) |  | 143 | 430 | 243 | 215 | Design Issue Fee |  | 144 | 580 | 244 | 290 | Plant Issue Fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt. |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  |  |  | Other fee (specify) |  |  |  | Other fee (specify) |  |  |  | *Reduced by Basic Filing Fee Paid |  | <b>SUBTOTAL (2)</b> |  | <b>SUBTOTAL (3)</b> |  | (\$160.00) |  | (\$) |  | <b>SUBMITTED BY</b> |  | <b>Complete (if applicable)</b> |  | Typed or Printed Name: Mark J. Stewart, Ph.D. |  | Reg. Number: 43,936 |  | Signature: <i>Mark J. Stewart</i> |  | Date: April 12, 2001 |  | "Express Mail" mailing label number: EL018701613US |  |  |  | Date of Deposit: April 12, 2001 |  |  |  | I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Assistant Commissioner of Patents, Washington, D.C. 20231. |  |  |  | Queen Thomas |  | <i>Queen Thomas</i> |  | Printed Name |  | Signature |  |
| Large Fee Code  | Entity Fee (\$) | Small Fee Code                     | Entity Fee (\$) | Fee Description  | Fee Paid        |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 101   | 710             | 201                                | 355             | Utility filing fee   | X               |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 106   | 320             | 206                                | 160             | Design filing fee  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 107   | 490             | 207                                | 245             | Plant filing fee   |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 108   | 710             | 208                                | 355             | Reissue filing fee   |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 114   | 150             | 214                                | 75              | Provisional filing fee   |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| Large Fee Code  | Entity Fee (\$) | Small Fee Code                     | Entity Fee (\$) | Fee Description  | Fee Paid        |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 105   | 130             | 205                                | 65              | Surcharge-late filing fee or oath  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 127   | 50              | 227                                | 25              | Surcharge-late provisional filing fee or cover sheet.                      |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 139   | 130             | 139                                | 130             | Non-English specification  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 147   | 2,520           | 147                                | 2,520           | For filing a request for reexamination                                     |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 112   | 920*            | 112                                | 920*            | Requesting publication of SIR prior to Examiner action                     |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 113   | 1,840*          | 113                                | 1,840*          | Requesting publication of SIR after Examiner action                        |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 115   | 110             | 215                                | 55              | Extension for reply within first month                                     |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 116   | 390             | 216                                | 195             | Extension for reply within second month                                    |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 117   | 890             | 217                                | 445             | Extension for reply within third month                                     |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 118   | 1,390           | 218                                | 695             | Extension for reply within fourth month                                    |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 128   | 1,890           | 228                                | 945             | Extension for reply within fifth month                                     |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 119   | 310             | 219                                | 155             | Notice of Appeal   |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 120   | 310             | 220                                | 155             | Filing a brief in support of an appeal                                     |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 121   | 270             | 221                                | 135             | Request for oral hearing   |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 138   | 1,510           | 138                                | 1,510           | Petition to institute a public use proceeding                              |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 140   | 110             | 240                                | 55              | Petition to revive-unavoidable   |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 141   | 1,240           | 241                                | 620             | Petition to revive-unintentional   |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 142   | 1,210           | 242                                | 605             | Utility issue fee (or reissue)   |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 143   | 430             | 243                                | 215             | Design Issue Fee   |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 144   | 580             | 244                                | 290             | Plant Issue Fee  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 122   | 130             | 122                                | 130             | Petitions to the Commissioner  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 123   | 50              | 123                                | 50              | Petitions related to provisional applications                              |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 126   | 240             | 126                                | 240             | Submission of Information Disclosure Stmt.                                 |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 581   | 40              | 581                                | 40              | Recording each patent assignment per property (times number of properties) |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 146   | 710             | 246                                | 355             | Filing a submission after final rejection (37 CFR 1.129(a))                |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 149   | 710             | 249                                | 355             | For each additional invention to be examined (37 CFR 1.129(b))             |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 179   | 710             | 279                                | 355             | Request for Continued Examination (RCE)                                    |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| 169   | 900             | 169                                | 900             | Request for expedited examination of a design application                  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
|   |                 | Other fee (specify)                |                 |  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
|   |                 | Other fee (specify)                |                 |  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
|   |                 | *Reduced by Basic Filing Fee Paid  |                 |  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| <b>SUBTOTAL (2)</b>   |                 | <b>SUBTOTAL (3)</b>                |                 |  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| (\$160.00)  |                 | (\$)                               |                 |  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| <b>SUBMITTED BY</b>   |                 | <b>Complete (if applicable)</b>    |                 |  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| Typed or Printed Name: Mark J. Stewart, Ph.D.   |                 | Reg. Number: 43,936                |                 |  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| Signature: <i>Mark J. Stewart</i>   |                 | Date: April 12, 2001               |                 |  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| "Express Mail" mailing label number: EL018701613US  |                 |                                    |                 |  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| Date of Deposit: April 12, 2001   |                 |                                    |                 |  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Assistant Commissioner of Patents, Washington, D.C. 20231.  |                 |                                    |                 |  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| Queen Thomas  |                 | <i>Queen Thomas</i>                |                 |  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |
| Printed Name  |                 | Signature                          |                 |  |                 |                 |          |     |     |     |     |                    |   |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |   |  |                |                 |                |                 |                 |          |     |     |     |    |                                   |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |                     |  |  |  |                     |  |  |  |                                   |  |                     |  |                     |  |            |  |      |  |                     |  |                                 |  |   |  |                     |  |                                   |  |                      |  |  |  |  |  |                                 |  |  |  |  |  |  |  |              |  |                     |  |              |  |           |  |